

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

DOCUMENT # P99000046697



1. Entity Name
HARTMAN MARINE INC.

01-23-2003 90272 001 *****8.75
01-23-2003 90272 002 ***150.00

Principal Place of Business
**2400 E. LAS OLAS BLVD.
PMB #132
FT. LAUDERDALE FL 33301-1529**

Mailing Address
**2400 E. LAS OLAS BLVD.
PMB #132
FT. LAUDERDALE FL 33301-1529**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0936696** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**HARTMAN, ROBERT A
2400 E. LAS OLAS BLVD.
PMB #132
FT. LAUDERDALE FL 33301-1529**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMAN, ROBERT A 2400 E. LAS OLAS BLVD., #132 FT. LAUDERDALE FL 33301-1529	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, or a power of attorney.

SIGNATURE: **ROBERT A. HARTMAN** **01/17/03 954-328-6681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)